Journal of Family Strengths

Volume 1 | Issue 1 Article 7

1995

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Roy W. Rodenhiser

Joseph Chandy

Kazi Ahmed

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by

Roy W. Rodenhiser, Ed.D.
Assistant Professor
Child Welfare Research Bureau
The Department of Social Work
University of North Dakota
Grand Forks, North Dakota

Joseph Chandy, Ph.D.
Associate Professor
Child Welfare Research Bureau
The Department of Social Work
University of North Dakota
Grand Forks, North Dakota

Kazi Ahmed, Ph.D.
Assistant Professor
Child Welfare Research Bureau
The Department of Social Work
University of North Dakota
Grand Forks, North Dakota

## Abstract

This article presents a review of the intensive family preservation evaluation literature, the pre-post test methology employed to evaluate three models in one state and the findings which have informed policymakers and program designers as the service expands. After intensive family preservation services, significant changes were found in parent-centered risk, parental disposition, and child-centered and child performance. No changes were found in economic risk and household adequacy.

*The authors would like to express their appreciation to Don Schmid, Director, Children and Family Services Division, Department of Human Services, North Dakota*

Intensive Family Preservation Services (IFPS) have been growing rapidly for over the past decade and have achieved remarkable popularity in the last five years. In 1988 there were only four recognized state associations for family-based services; by 1993, these numbers increased to 27 (Allen & Zalenski, 1993). The impetus for IFPS came with the establishment of the National Resource Center on Family Based Services at the University of Iowa in 1981. It contributed to the approaches of IFPS in a number of ways including the generation of large research projects (Nelson at Iowa, and Pecora, Fraser, and Haapala at Utah), the organization of a national conference, and the establishment of the National Association for Family-Based Services. This latter group has held seven annual conferences, the most recent being in Boston, in December, 1994. Although various IFPS programs across the nation differ among themselves, they share a number of common characteristics which are part of the current definition of IFPS. In general terms, IFPS refer to specialized modalities of serving families, which have evolved from the broader categories of "Home-Based Services" that served families in their homes and communities, and "Family-Based Services" which focused on the whole family, rather than the individual (Pecora, Haapala, & Fraser, 1991). Specific characteristics of IFPS include the following: clinical and concrete services are delivered in the home of the client families; therapist is available to clients 24 hours a day; duration of intervention is short, usually ranging from 4 weeks to six months; and therapists have smaller caseloads (Pecora et al, 1991).

In an era of fiscal constraints and accountability, questions have been increasingly raised regarding the effectiveness of IFPS. Do they reduce foster care and other placements and keep families together? Do they have any impact on the functioning of families? From the beginning, IFPS have been involved in evaluating their own programs (Wells & Biegel, 1992; Kinney et al, 1990). Most of these early evaluations focused on prevention of placement as the outcome of IFPS, and some studies have revealed positive results to that effect. Referring to one of the models in IFPS, the Homebuilders, Kinney et al (1990, p. 15) wrote: "Begun in 1974, by the end of 1990, Homebuilders had seen 5,314 cases. Three months after termination, 95% had avoided placement in state-funded foster care, group care, or psychiatric institutions. Twelve month follow-up data available after September 1982 showed that placement had been averted in 88% of the cases". Other studies have shown mixed results. Feldman (1991), for example, evaluated the impact of IFPS in five New Jersey locations, and concluded that IFPS families had fewer children placed, and they entered placement more slowly than control group children from the time of intervention to one year after termination. However, he noticed that the effects of treatment dissipated after nine months, and comparison figures at 12 months were not significant. In posttests, IFPS families scored significantly higher than control group families only on two of the 18 scales used to assess family functioning. Differential outcomes in child placement rates between IFPS and control families were not significantly related to family characteristics but to factors like the minority status of the families, previous referral to crisis intervention units, poor parenting, and presence of emotional problems in the child.

Analyzing recent studies conducted in New Jersey, California, and Minneapolis, Wells & Biegel (1992) concluded that IFPS did in fact prevent or delay the imminent placement of about half of the children who were truly at risk of placement. However, they also concluded that the effects of intensive family preservation were not long lasting; and that families were still vulnerable after service termination.

A related study was presented by Nelson (1990) who looked at family characteristics, service characteristics and case outcomes in 159 families who received family based services. She found that, at the termination of IFPS, 71% of the families previously referred for delinquency and 80% of the families previously referred for status offenses remained intact. Significant factors related to preventing placement included the participation (attendance at sessions) by the child at risk, and the primary caretakers' involvement in setting treatment goals. Outcomes were influenced also by factors like the workers' confidence in treating parent/child and marital conflicts, and by family structure, namely, two-parent or male-headed households had better outcomes.

The early studies to assess the outcomes of the IFPS had significant limitations such as lack of control groups, making it difficult to attribute outcomes to treatment efforts. Wells & Biegel, (1992), summarized these limitations in these words: data collection procedures were inconsistent, or were not articulated, and reliability of measures was not addressed; the "flow" of subjects through studies was described poorly; evidence of change rested on single-variable analyses; and effects of statistical regression were not taken into effect. These authors also commented that subsequent research, using quasi-experimental designs, and examining multiple outcomes and client-treatment correlates of success, demonstrated that factors associated with success in intensive family preservation services differed for different types of families.

Issues related to instrumentation of success of IFPS were raised by several authors. Many professionals began to question prevention of placement as the sole criterion of the success of IFPS and consequently other measurements were included in the evaluations, such as overall family functioning. Jones (1991) also discussed sensitivity to change in evaluating IFPS, specifically as to whether instruments might be so finely calibrated that they show very small change to be greater than it is, or so broadly calibrated that significant change hardly shows. For example, the Family Risk Scales (Magura, Moses & Jones, 1987) have a ceiling of "adequate". However, the "inadequate" side of the scale is more often underdeveloped. On items that have a floor of "adequate," families that do not reach it will not show any change. The same author, citing Gap (1966), discussed six dimensions of change: (1) occurrence, (2) direction, (3) magnitude, (4) rate, (5) duration, and (6) sequence. He argued that IFPS outcome studies must be concerned with at least the first three. The last three, which provide a picture of the dynamic quality of change, are rarely attempted in evaluation studies because of time, money and technology constraints. Further he argued that the nature of the changes that occur in families are more complex and dynamic than the existing measures (Jones, 1991).

Wells and Biegel also identified several future research agenda, including the following: assessment of the degree to which IFPS achieve therapeutic and policy goals; study of maintenance of gains made over time, which ultimately will answer questions as to what child, family, and community characteristics are associated with the maintenance of outcomes over time; evaluation of the impact of the ecological context on IFPS programs in order to understand which factors impede, and which facilitate, the faithful replication of services in various contexts; understanding of when are aftercare services needed to maintain gains made in treatment, and how do these impact the costs of IFPS; process evaluations which examine the underlying clinical assumptions of programs and treatment models; ethnographic studies to explore clients' experiences in IFPS programs; comprehensive evaluations of family functioning at service termination; assessment of the configuration of problems and personal characteristics that will define who can be best served by IFPS in order to extend IFPS to those who will benefit the most and to arrive at a balance between intensive and non-intensive services.

This article discusses research that addresses many of these concerns. The research as presented here is part of a longitudinal panel study designed to collect data for ten years. Current data represents the first year of this study. Currently we are beginning the fourth year of data collection. The focus of this study goes beyond the placement rates. It also addresses the issue of the functioning level of the families served. The primary questions to be answered are: 1) What is the rate of prevention of placement?, 2) What impact did IFPS have on family risk levels?, and 3) What impact did IFPS have on child well-being?

This study is presently being undertaken in the state of North Dakota in order to assess the efficacy of current IFPS efforts offered under the auspices of the North Dakota Department of Human Services. North Dakota currently has IFPS available for at risk families in nineteen counties of the 53 counties. While the program has been functioning for several years, there have been no attempts to evaluate these programs prior to this investigation. The Division of Children Services, North Dakota Department of Human Services, contracted with the Child Welfare Research Bureau at the Department of Social Work, University of North Dakota to evaluate the IFPS programs functioning in North Dakota.

## Methodology

The study evaluates the IFPS services being provided by five IFPS agencies in three communities. One agency used the Home Builders model of intensive family preservation. It is a highly concentrated, home-based service available for roughly a month to parents and their children on the verge of family dissolution. This flexible approach utilizes individual, professionally trained social workers to identify and address a limited number of crucial

problems for only two families at a time (more information can be found in Haapala and Booth (1991) and Frasher, Pecora, and Haapala (1990). Families served by this model were seen 11 to 20 times a month. The clinical interventions utilize social learning theory as the basis for the intervention. Three agencies employed the Iowa model, a home-based model, with therapists seeing families for an average of 4.5 months (Nelson et. al., 1990). Families were seen seven to ten times a month, 57% of the time, three to six times a month, 23% of the time, and 11 to 20 times a month, 20% of the time. Treatment was primarily the use of family systems theory to focus on the entire family, the subsystems within it and its interactions with the family unit and with the community (Lloyd and Bryce, 1984). The fifth agency used two models of intervention: the Iowa model, as discussed above, and a court intervention model. The Court Intervention model uses a family therapist and a paraprofessional to work with the family using a two stage approach. In stage one there is mainly advocacy, parent education, community intervention, crisis management, and communication skills being focused on. In stage two, the family therapist follows up in the home to strengthen the work of the crisis intervention stage (Christofferson, 1991). Families were seen seven to ten times a month, 75% of the time, three to six times a month, 19% of the time, and 11 to 20 times a month, 6% of the time.

Using a one group pretest-posttest design, the study proposed to evaluate the extent to which intensive family based services in North Dakota affect positive family functioning and preservation. The population for this study is those families being served by intensive family based programs in the state of North Dakota. The study sample was selected from counties served by five IFPS services. All these families meet similar "intake" criteria for service. This criteria was loosely defined as "imminent - at risk of placement". The five IFPS sites were selected by Department of Human Service officials for their logistics (proximity) and representativeness (rural and urban). The sample for the present study consists of 87 families, the primary unit of observation, who received IFPS from five agencies who provided services in 12 counties of the state of North Dakota. The sponsored state agency invited the provider agencies who provide IFPS in North Dakota to participate in this study. Each IFPS worker was required to complete a comprehensive instrument, designed by the Child Welfare Research Bureau, for each of their families at the beginning and at termination of the services. The IFPS workers were provided training in scoring the evaluation instrument which included the Magura scales discussed below by the authors. Follow-up training is provided yearly. The authors were also available for clarification questions from IFPS workers when requested. The families were also informed that a follow-up will be needed to be completed six months after termination. Completed instruments were sent to the project director at the Bureau.

Prevention of placement was measured by tabulating placement data. In order to assess family risk and status of child well-being in the sample families two scales, additionally, family risk and child well-being scales were used. The Family Risk Scale, originally designed by Magura, Moses & Jones in 1987, is a 25-item scale that measures a child's risk of entering foster care. The items have four to six levels that range from adequacy to increasing degrees of inadequacy

on the dimension being measured. A factor analysis conducted by Magura and Moses established three terminal factors labeled parent-centered risk, child-centered risk, and economic risk. The alpha coefficients for these subscales were .88, .83, and .78 respectively indicating moderately high levels of internal consistency of scale. The IFPS worker recorded his/her assessment for each of the dimensions. The risk at the beginning and at the termination of IFPS was compared using a paired t-test.

The Child Well-Being Scale: The child well-being was measured by using the Magura Child Well-Being Scales (Magura and Moses, 1986). These scales measure a family's position on forty-four separate items completed by IFPS workers. The measurement levels for each of the forty-four scale items ranged from 1 to 6. While all scales had a low value of 1, upper values varied between 3, 4, 5, and 6. A value of 1 indicated absence of severity condition and a high value of 3 through 6, depending upon scale items, represented the existence of serious conditions. The scales were repeatedly used in the study at the beginning and at the termination of IFPS. These scales also have three factor dimensions accounting for 43% of the common variance of the individual scale scores. The three factors are household adequacy, parental disposition, and child performance. The factors have alpha coefficients of .88, .86, and .53 respectively. The overall reliability coefficient of the child well-being scale is .89 (Magura & Moses, 1986). Socio-economic and demographic data were also gathered from the sample respondents. Results are highlighted in the section below.

## Findings

### Demographic Characteristics of the Population Utilizing IFPS

A majority (63%) of the sample families came from small communities with populations under ten thousand (Refer to Table 1). Fifty-six percent of the primary caretakers and sixty two percent of the secondary caretakers were female. The average age of the primary caretaker was thirty-seven. Thirty-six percent of the sample families had only one caretaker. Forty-seven percent of the sample primary caretakers were married and living with their spouses. A large majority (78%) of primary caretakers were Caucasian. The Native American population represented seventeen percent of the primary caretakers. The average education level of the primary caretakers was twelve years of schooling. About three percent of the primary caretakers had over sixteen years of education. Over 52% of the primary caretakers were employed full-time, and 29% were unemployed.

There was a total of 255 children in the 87 sample families (Refer to Table 2). Sixty-eight percent of their children were listed as Caucasian and 25% Native American. A large majority (76%) of the children had an education between 0 and 8 years and most (87%) were biological

children of the primary caretaker. Twenty-two (10%) of the children in the sample had been previously placed in a temporary facility. All the children were identified as at risk. About one third of them were classified at high risk for placement.

There were 87 referrals received from the five referral sites. Forty-five percent were referred by the court system and 42% were referred by public social service agencies. The two primary referral reasons were adolescent conflict (24%) and status offenses (18%).

## Impact of IFPS Programs on the Functioning of Families Served

Table 3 gives the results of the t-test analysis of the family risk scale items. In general, results indicate a reduction in family risk at the termination of IFPS. The results are statistically significant (t=5.29, p=.000). However, only two of the three factors of the risk scale that related to parent centered risk and child centered risk showed significant change. Specifically, differences in 6 of the 11 parent centered risk items of the scale registered statistically significant improvement. The items are parent's mental health, parent's knowledge of child care, parental motivation to solve problems, verbal discipline, supervision of teenage children, and use of physical punishment. Statistically significant improvement of child related risk was noted in five of the six items of the scale such as emotional care and stimulation of children under age two, child's mental health, home-related behavior, school adjustment, and delinquent behavior. The third factor of the risk scale, the economic risk, did not show any significant change as a result of the IFPS.

Table 4 gives the results of the t-test analysis of the Child Well-being Scale items. In general, results indicate an increase in child well-being at the termination of IFPS. The results are statistically significant for two of the three factors related to child well-being.

The 44 item Child Well-Being Scales (CWBS) found in the table had a score distribution of a low of 74, a high of 98 in the pretest, and a mean of 89 (s.d.=5). The posttest mean score was 91 (s.d.=7). For analysis purposes, CWBS scores were collapsed into three categories, namely 'inadequate' (scores less than 70), 'less than adequate' (70 to 89), and 'adequate' (90-100). No families received inadequate scores in the pretest. However, in the posttest, two percent of the cases received inadequate scores. On the other hand, there were far more families receiving adequate scores in the posttest compared to the pretest (58% versus 43%). The mean difference was statistically significant.

Parental Disposition (PD) is a fourteen item composite scale that measures the adequacy of mental health care, parental capacity for child care, parental recognition of problems, motivation to solve problems, affection for children, expectations of children, protection from abuse,

Journal of Family Strengths, Vol. 1 [1995], Iss. 1, Art. 7

abusive physical discipline, and the threat of abuse. The PD scores had a distribution of 65 to 100 at pretest and 60 to 100 at posttest. The mean scores were 82 (s.d.=9) and 87 (s.d.=10) for pretest and posttest respectively. The difference was statistically significant.

The Child Performance (CP) subscale is a composite score of four items. The items include adequacy of education, academic performance, school attendance, and children's misconduct. The CP scores had a distribution of 59 to 100 at pretest, and 47 to 100 at posttest. The mean scores were 87 (s.d.=11) and 89 (s.d.=11) for pretest and posttest respectively. The difference was statistically significant.

The Household Adequacy scale is a factor dimension consisting of 10 items extracted from the original 44 items. This scale measures the adequacy of basic household needs such as food, clothing, housing, utilities, furnishings, sanitation, physical safety in home, and money management. The score distribution was 75 to 100 for pretest and 77 to 100 for posttest. The mean scores at pretest and posttest remained the same at 97 (s.d.=5), indicating no significant statistical differences. This finding theoretically is consistent with the lack of change in the economic risk of the client families.

The final paired t-test analyses involved testing the pre and posttest differences between each of the 44 pairs of items. Results indicate that only 12 of the 44 pairs of items were significantly different between pretest and posttest.

Apart from the above statistical information, the workers were asked to report about the overall success of IFPS. They reported that 86% of the families they worked with were successful somewhat or "definite" at meeting case objectives. In only five percent of the families was no change reported. Workers reported that families stayed together 74% of the time at case termination.

## Conclusions

The study indicates that after the intervention of IFPS services, significant changes were found in parent-centered risk and parental disposition, and child-centered risk and child performance. No changes were found in economic risk and household adequacy.

As a result of IFPS, parents' mental health, knowledge of child care, motivation to solve problems, supervision of teenage children, constructive verbal discipline, affection, child's mental health, school adjustment, and home-related behavior improved significantly. Use of physical punishment, sexual abuse, and delinquency significantly decreased.

The overall level of child well-being increased significantly. This improvement is related to positive changes in meeting the child's physical, psychological, and/or social needs. Although the t-tests yielded non-uniform results across the scales and subscales, it can be safely concluded that on an average family preservation services examined in this study had positive outcomes on family functioning. Results show that the overall child well-being status was higher at posttest. Changes were observed in the performance level of the children. These changes also indicate that the programs had positive impacts on parental disposition and child performance. This study has also identified with higher specificity the dimensions of family functioning that are amenable to positive outcomes by the currently provided services. There was no change in the household adequacy dimension which measures basic needs such as food, clothing, housing, utilities, furnishings, sanitation, physical safety in the home, and money management. This does not come as a total surprise given the fact that most families scored high on this scale in the pretest. However, further investigation into the impact of economic risk may be indicated.

The results of this research have program implications. The question to be asked is "Do we continue family preservation programs in the state of North Dakota?" Although there is not enough data to answer the question, there are some positive indicators. It appears, in general, that the interventions made by IFPS workers are having a positive impact on the functioning of the families served. At this juncture, it seems reasonable to recommend continued use of the IFPS model for intervention with families at risk of disintegration.

For further validation of this model, it is necessary for longitudinal data to verify its efficacy. This study, as presented, looks at the pre- and posttest results gathered during the first two years of the study. Data will continue to be gathered at yearly intervals for a period of ten years. Future analysis of the data include the interaction of demographic characteristics to family outcomes; the relationship between actual length of the intervention and family functioning; and the relationship between stress and family functioning.

**Table 1**
**Demographic Information of Caretakers**

| Demographics | Primary Caretaker n-87 | % | Secondary Caretaker n=5 | % |
|---|---|---|---|---|
| **Gender** | | | | |
| Male | 38 | 43.7 | 21 | 38.2 |
| Female | 49 | 56.3 | 34 | 61.8 |
| **Age** | | | | |
| 20-29 | 8 | 9.6 | 7 | 14.0 |
| 30-39 | 52 | 62.7 | 32 | 64.0 |
| 40-49 | 17 | 20.5 | 8 | 16.0 |
| 50-59 | 5 | 6.0 | 3 | 6.0 |
| 60 and over | 1 | 1.2 | N/A | N/A |
| **Marital Status** | | | | |
| Never married | 5 | 5.7 | 1 | 1.8 |
| Married-living with spouse | 41 | 47.1 | 42 | 76.3 |
| Living with significant other | 3 | 3.5 | 3 | 5.5 |
| Separated | 10 | 11.5 | 4 | 7.3 |
| Divorced | 25 | 28.7 | 5 | 9.1 |
| Widowed | 3 | 3.5 | N/A | N/A |
| **Ethnic background** | | | | |
| Caucasian | 68 | 78.2 | 44 | 80.0 |
| Black | 2 | 2.3 | 1 | 1.8 |
| Hispanic | 2 | 2.3 | N/A | N/A |
| Native American | 15 | 17.2 | 9 | 16.4 |
| Asian/Pacific Islander | N/A | N/A | 1 | 1.8 |
| **Years of Education** | | | | |
| 0-8 | 4 | 5.4 | 1 | 2.2 |
| 9-12 | 46 | 62.2 | 24 | 52.2 |
| 13-16 | 22 | 29.7 | 21 | 45.6 |
| Over 16 | 2 | 2.7 | N/A | N/A |
| **Employment** | | | | |
| Unemployed-not available to work more | 18 | 21.0 | 6 | 11.1 |
| Unemployed-available to work more | 7 | 8.1 | 3 | 5.6 |
| Seasonal work | 3 | 3.5 | 2 | 3.7 |
| Part time-available for more work | 7 | 8.1 | 3 | 5.6 |
| Part time-not available for more work | 6 | 7.0 | 5 | 9.2 |
| Full time | 45 | 52.3 | 35 | 64.8 |

Table 2
Demographic Information of Children in the Sample Families

| Demographic | n=255 | % |
|---|---|---|
| **Age** | | |
| 0-6 | 41 | 16.1 |
| 6-12 | 103 | 40.4 |
| 13-19 | 111 | 43.5 |
| **Ethnic background** | | |
| Caucasian | 172 | 67.7 |
| Black | 8 | 3.1 |
| Hispanic | 7 | 2.8 |
| Native American | 64 | 25.2 |
| Asian | 1 | .4 |
| Other | 2 | .8 |
| **Years of Education** | | |
| 0-8 | 185 | 75.5 |
| 9-12 | 58 | 23.7 |
| 13+ | 2 | .8 |
| **Relation of children to primary caretaker** | | |
| Biological child | 214 | 86.6 |
| Adopted child | 12 | 4.9 |
| Stepchild | 15 | 6.1 |
| Grandchild | 3 | 1.2 |
| Ward | 1 | .4 |
| Sibling | 2 | .8 |
| **Previous placements** | | |
| No previous placements | 179 | 78.2 |
| Emergency foster home - less than 3 months | 22 | 9.6 |
| Foster home - over 3 months | 15 | 6.5 |
| Group/residential/institution - over 3 months | 9 | 3.9 |
| Foster & group homes - over 3 months | 4 | 1.8 |
| **Risk of placement** | | |
| Low risk | 119 | 51.5 |
| Moderate risk | 32 | 13.8 |
| High risk | 75 | 32.5 |
| In temporary placement | 5 | 2.2 |

Journal of Family Strengths, Vol. 1 [1995], Iss. 1, Art. 7

**Table 2 -- continued**
**Demographic Information of Children in the Sample Families**

| Demographic | n=255 | % |
|---|---|---|
| **Origin of referral (n=87)** | | |
| Court System | 39 | 45.0 |
| Public Social Service Agencies | 37 | 42.0 |
| **Reason for referral (n=87)** | | |
| Adolescent conflict | 21 | 24.0 |
| Status offenses | 16 | 18.0 |

**Table 3**
**Family Risk at the beginning and at the end of IFPS**

| Family Risk Scale Factors & Items | Pretest Mean | Posttest Mean | T-Value |
|---|---|---|---|
| **Family Risk (25 items)** | **1.74** | **1.56** | ***5.29 |
| **Parent-centered risk (11 items):** | **1.90** | **1.65** | ***5.93 |
| Adult relationships | 2.23 | 2.05 | 1.31 |
| Parent's mental health | 2.11 | 1.89 | *2.29 |
| Parent's knowledge of child care | 2.02 | 1.71 | ***3.47 |
| Parent's substance abuse | 1.41 | 1.38 | 0.18 |
| Parental motivation to solve problems | 2.02 | 1.78 | *2.50 |
| Verbal discipline | 2.16 | 1.74 | ***4.35 |
| Parental cooperation | 1.38 | 1.35 | 0.53 |
| Preparation for parenthood (adult) | 1.83 | 1.33 | 1.46 |
| Supervision under age 10 | 1.74 | 1.61 | 0.87 |
| Supervision of teenage children | 2.17 | 1.74 | ***4.55 |
| Use of physical punishment | 1.70 | 1.40 | ***3.60 |
| **Child-centered risk (6 items):** | **2.07** | **1.81** | ***4.21 |
| Emotional care under age 2 | 1.90 | 1.66 | **2.92 |
| Attitude to placement | 1.49 | 1.35 | 1.26 |
| Child's mental health | 2.11 | 1.89 | *2.29 |
| Home-related behavior | 2.37 | 2.14 | *2.03 |
| School adjustment | 2.53 | 2.25 | *2.09 |
| Delinquent behavior | 2.04 | 1.56 | ***3.58 |
| **Economic risk (4 items):** | **1.19** | **1.20** | **0.62** |
| Habitability of residence | 1.10 | 1.10 | 0.00 |
| Suitability of living conditions | 1.06 | 1.08 | -1.00 |
| Financial problems | 1.50 | 1.53 | -.63 |
| Physical needs of child | 1.13 | 0.57 | 0.57 |

$p =$ * = < .05
** = < .01
*** = < .00

**Table 3 -- continued**
**Family Risk at the beginning and at the end of IFPS**

| Family Risk Scale Factors & Items | Pretest Mean | Posttest Mean | T-Value |
|---|---|---|---|
| **Scales not assigned to factors (4 items):** | | | |
| Family social support | 1.83 | 1.71 | 1.31 |
| Parent's physical health | 1.27 | 1.27 | 0.00 |
| Sexual abuse | 1.38 | 1.10 | *2.32 |
| Child's physical health | 1.29 | 1.23 | 1.27 |

*p* = * = < .05
** = < .01
*** = < .00

**Table 4**
**Child Well-Being Scales**

| Child Well-Being Scale | Pretest Mean | Posttest Mean | T-Value |
|---|---|---|---|
| **Child well-being scale (44 items)** | **88.8** | **90.9** | ***-3.37 |
| **Parental disposition (14 items):** | **82.3** | **86.8** | ***-4.32 |
| Children's adequacy of mental health care | 88.9 | 93.9 | -1.95 |
| Parental capacity for child care | 88.6 | 88.8 | -.10 |
| Parental recognition of problems in the family | 68.9 | 78.8 | **-3.26 |
| Parental motivation to solve problems | 76.4 | 80.9 | *-2.20 |
| Parental cooperation with case planning | 86.9 | 87.0 | -.04 |
| Parental acceptance of children | 80.6 | 82.9 | **-3.10 |
| Parental approval of children | 82.9 | 87.3 | **-2.97 |
| Parental expectations of children | 81.1 | 97.6 | ***-3.39 |
| Parental consistency of discipline | 80.5 | 87.4 | ***-3.50 |
| Teaching/stimulating children | 85.7 | 87.0 | -1.09 |
| Protection from abuse | 85.0 | 92.5 | -1.79 |
| Abusive physical discipline | 87.9 | 65.1 | *-2.40 |
| Threat of abuse | 89.8 | 94.7 | **-2.73 |
| Parental relationship with children through | 77.6 | 85.2 | ***-3.52 |
| **Child performance (4 items):** | **86.5** | **88.5** | **-1.73** |
| Adequacy of education | 94.8 | 93.4 | .86 |
| Academic performance | 86.2 | 86.1 | .14 |
| School attendance | 91.6 | 92.2 | -.45 |
| Children's misconduct at home, school, and community | 71.8 | 80.9 | ***-3.34 |
| **Household adequacy (10 items):** | **97.0** | **97.0** | N/A |
| Nutrition/diet | 93.6 | 95.3 | -1.28 |
| Clothing | 98.9 | 98.9 | .00 |
| Personal hygiene | 98.2 | 98.5 | -.57 |
| Household furnishings | 97.6 | 98.8 | -1.52 |

*p* = * = < .05
** = < .01
*** = < .00

Journal of Family Strengths, Vol. 1 [1995], Iss. 1, Art. 7

**Table 4 -- continued**
**Child Well-Being Scales**

| Child Well-Being Scale | Pretest Mean | Posttest Mean | T-Value |
|---|---|---|---|
| **Household adequacy (10 items): (continued)** | | | |
| Overcrowding | 96.9 | 96.4 | .52 |
| Household sanitation | 97.6 | 97.6 | -.09 |
| Security of residence | 99.0 | 98.7 | .35 |
| Money management | 97.1 | 97.6 | -.36 |
| **Scales not assigned to factors (16 items):** | | | |
| Physical Health Care | 98.6 | 98.7 | -.12 |
| Supervision of younger children | 87.5 | 88.3 | -.27 |
| Supervision of teenage children | 81.5 | 88.3 | *-3.82 |
| Arrangement for substitute child care | 96.1 | 95.2 | .67 |
| Parental relations | 67.3 | 71.5 | -1.39 |
| Continuity of parenting | 90.8 | 92.1 | -.77 |
| Support for principal caretaker | 90.5 | 91.4 | -.27 |
| Availability/Accessibility of services | 91.9 | 90.9 | .72 |
| Deliberate deprivation of food/water | 99.6 | 99.2 | .57 |
| Physical confinement or restriction | 97.4 | 99.0 | -1.24 |
| Deliberate "locking-out" | 99.2 | 98.0 | .96 |
| Sexual abuse | 88.6 | 95.2 | -1.61 |
| Person committing sexual abuse | 53.5 | 45.8 | .40 |
| Economic exploitation | 98.7 | 99.0 | -1.15 |
| Coping behavior of children | 69.0 | 72.3 | -1.31 |
| Children's disabling conditions (physical and emotional that could hamper with normal role functioning of children) | 70.7 | 77.8 | *2.22 |

$p =$ * = < .05
** = < .01
*** = < .00

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